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CONFIRMATION NO. 9068

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10/087,449	02/28/2002 RULE	604	2121	14485.0141US01

APPLICANTS

Michael L. Blomquist, Andover, MN;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

04/03/2002

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Verified and	/JENNIFER L NORTON Examiner's Signature	<input type="checkbox"/> Met after Allowance /JLN/ Initials	MN	32	25
Acknowledged					5

ADDRESS

MERCHANT & GOULD PC
 P.O. BOX 2903
 MINNEAPOLIS, MN 55402-0903
 UNITED STATES

TITLE

Programmable medical infusion pump

FILING FEE RECEIVED 1128	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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